

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-017	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(30)(A)		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2013 \$ 3,576 b. FFY 2014 \$ 14,377 c. FFY 2015 \$ 14,377	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 2 of 2 Attachment 4.19B Methods & Standards for Establishing Payment Rates Service 11.b Occupational Therapy Services		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Pages 2 of 2 Attachment 4.19B Methods & Standards for Establishing Payment Rates Service 11.b Occupational Therapy Services	
10. SUBJECT OF AMENDMENT: Increase Occupational Therapy rates 2% and update the date of the fee schedule.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Mary E. Dalton</i>		16. RETURN TO: Montana Dept. of Public Health and Human Services Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mary E. Dalton		17. DATE RECEIVED: 6/27/13	
14. TITLE: State Medicaid Director		18. DATE APPROVED: 9/23/13	
15. DATE SUBMITTED: 9/17/13		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/13		PLAN APPROVED - ONE COPY ATTACHED	
21. TYPED NAME: RICHARD C ALLEN		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
23. REMARKS:		22. TITLE: ARA, DMCHO	